

CHANGE OF ADDRESS FORM for

Registered Environmental Health Specialists

All address changes must be submitted in writing with **your signature** to:

Margaret Blood, REHS
California Department of Public Health
EHS Registration Program
MS 7404
PO Box 997377
Sacramento, California 95899-7377

OR

Fax to (916) 449-5665

In addition to your new address, home phone number, and e-mail address we ask that you provide information on your job title, place of employment, and work phone number. Do not neglect this important task. Your registration may be jeopardized if the Registration Program is not able to contact you with important notices.

1. Name – Last		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	REHS #
2. Address					
3. City			4. State	5. Zip Code.	
6. Telephone-work		7. Cell or Home Phone		8. E-mail address	
9. Birthdate: FOR ID Purposes Only		10. Job Title			
11. Employer					
OPTIONAL: EH Director When? Where?			Master's/Doctoral Degree		

Signature